

STATE OF MAINE
BOARD OF LICENSING OF DIETETIC PRACTICE
APPLICATION FOR LICENSURE

- Dietitian
- Temporary Dietitian
- Dietetic Technician
- Temporary Dietetic Technician



Department of Professional and Financial Regulation
Office of Licensing and Registration
35 State House Station
Augusta, ME 04333-0035

Office Telephone: (207) 624-8623 or (207) 624-8630
Office Facsimile: (207) 624-8637
TTY/HEARING IMPAIRED (888) 577-6690
EMAIL: diane.j.bradstreet@maine.gov

Office located at: 122 Northern Avenue, Gardiner, Maine

Revised: 1/2006

APPLICANT INFORMATION GUIDE

Enclosed are all relevant materials for licensure with the Board of Licensing of Dietetic Practice. Please read all the information carefully.

All material pertaining to an application must be received by the Board within a span of no more than six months. Any application received which remains incomplete for more than six months will be disposed of. Candidates whose applications have been incomplete for more than six months will be required to submit **new** application materials if they seek licensure.

All name and/or address changes must be submitted to the Board, **in writing**, throughout your licensure.

All fees may be paid by submitting one check, payable to the Maine State Treasurer, or payment may be made by credit card using the enclosed credit card authorization form.

DIETITIAN OR DIETETIC TECHNICIAN

A complete application for licensure as a Dietitian or Dietetic Technician shall include the following:

- ☐ Completed and signed application
- ☐ Application fee of \$25.00
- ☐ License fee of \$70.00
- ☐ Criminal History Record Check fee \$15.00**
- ☐ Current copy of Commission on Dietetic Registration (CDR) wallet card, if applicable. If you are not registered with the Commission on Dietetic Registration, the following materials must be submitted: copy of college transcript, proof of clinical experience and official notice of examination passage.
- ☐ Reference letter, which addresses professional ethical standards written by a professional with knowledge of nutrition practice. The recommendation should not be an employee under the applicant's direct supervision.
- ☐ Verification of licensure from state(s) in which you hold or previously held licensure or registration.

This is an annual registration, renewable on December 31st of each year. Applications for renewal are sent to each licensee's last known address. Licensees are responsible for informing the Board of any address change. Continuing education is required for the renewal of a license, Dietitians are required to complete at least fifteen (15) hours and Dietetic Technicians are required to complete at least ten (10) hours. Please review the Rules, Chapter 2 §3(B) for continuing education requirements.

TEMPORARY DIETITIAN OR TEMPORARY DIETETIC TECHNICIAN

An applicant who has met all the qualifications for licensure except passing the written examination may receive a temporary one-year non-renewable license. A completed application for licensure as a Temporary Dietitian or Temporary Dietetic Technician shall include the following:

- ☐ Completed and signed application
- ☐ Application fee of \$25.00
- ☐ License fee of \$50.00
- ☐ Reference letter, which addresses professional ethical standards written by a professional with knowledge of nutrition practice. The recommendation should not be an employee under the applicant's direct supervision.
- ☐ Copy of college transcript
- ☐ Proof of clinical experience
- ☐ Completed Criminal History Record Check Form and a \$15.00 fee.

The Commission on Dietetic Registration (CDR) has implemented computer-based testing for its entry-level registration examinations. Upon receipt and approval of application materials, the Board will notify the Commission on Dietetic Registration of the applicants who have met the requirements to write the Registration Examination for Dietitians or Dietetic Technicians for licensure purposes only.

The Commission on Dietetic Registration will directly notify applicants of the steps necessary to register for the examination.

CHANGE OF STATUS FROM TEMPORARY TO PERMANENT LICENSURE

An application for permanent licensure must be submitted a minimum of 30 days prior to the expiration of the temporary license along with the following:

- ☐ Completed and signed application
- ☐ Application fee of \$25.00
- ☐ License fee of \$70.00
- ☐ Written change of status request
- ☐ Copy of examination results and/or copy of Commission on Dietetic Registration (CDR) wallet card.



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4240	1421	\$70	DI
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4240	2619	\$15	

JOHN ELIAS BALDACCI
GOVERNOR

ANNE L. HEAD
DIRECTOR

APPLICATION FOR: ☐ DIETITIAN (1421) ☐ TEMPORARY DIETITIAN (1422)
☐ DIETETIC TECHNICIAN (1423) ☐ TEMPORARY DIETETIC TECHNICIAN (1424)

Notice regarding Social Security Number Disclosure

The following statement is made pursuant to the Privacy Act of 1974 section 7 (B). Disclosure of your social security number is mandatory. Solicitation of your social security number is solely for tax administration purposes pursuant to 36 MRSA section 175 as authorized by the Tax Reform Act of 1976 (42 USC section-405 (C) (2) (1)). Your social security number will be disclosed to the State Tax Assessor or an authorized agent for use in determining filing obligations and tax liability pursuant to Title 36 of the Maine Revised Statutes. No further use will be made of your social security number and it shall be treated as confidential tax information pursuant to 36 MRSA section 191.

Notice regarding Public Information

This application is a public record for purposes of Maine's Freedom of Access Law, 1 MRSA §401, et seq. Public records must be made available to any person upon request. Information that you supply as part of this application (except your Social Security number) is public information. Other licensing records to which this information may later be transferred are also considered public records. Where permitted by law, your name, license number, mailing address and other information listed on this application may be posted on the State's website.

APPLICANT NAME SOCIAL SECURITY NUMBER

ANY OTHER NAMES USED

MAILING ADDRESS COUNTY

CITY STATE ZIP CODE DATE OF BIRTH

PLACE OF EMPLOYMENT

MAILING ADDRESS COUNTY

CITY STATE ZIP CODE

HOME TELEPHONE () - WORK TELEPHONE () -

COMMISSION ON DIETETIC REGISTRATION (CDR) IDENTIFICATION NUMBER (IF APPLICABLE)



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GARDINER, MAINE

FAX: (207)624-8637

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. DO YOU CURRENTLY HOLD OR HAVE YOU PREVIOUSLY HELD A LICENSE OR REGISTRATION IN ANY JURISDICTION? ☐ YES ☐ NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

STATE: _____ LICENSE #: _____

DATE ISSUED: _____ EXPIRATION DATE: _____

2. HAS YOUR APPLICATION FOR LICENSURE BEEN DENIED BY ANY AGENCY GOVERNING THE PRACTICE OF DIETETICS? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN. _____

3. HAS YOUR REGISTRATION/LICENSE EVER BEEN SUSPENDED OR REVOKED BY ANY JURISDICTION? ☐ YES ☐ NO

IF YES, PLEASE EXPLAIN. _____

CRIMINAL HISTORY RECORDS CHECK PROCEDURE

Pursuant to 5 M.R.S.A. §5301-5303, the State of Maine is granted the authority to take into consideration an applicant's criminal history record. The Office of Licensing and Registration **requires** a criminal history records check as part of the application process for all applicants.

4. HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO

IF YES, PLEASE DESCRIBE IN DETAIL THE CRIME(S) AND SUBMIT A COPY OF THE COURT JUDGEMENT(S) AS WELL AS A LETTER EXPLAINING THE CIRCUMSTANCES SURROUNDING YOUR CONVICTION.

I have read and completed this application and I attest that all the information and supporting documentation are true to the best of my knowledge.

SIGNATURE OF APPLICANT

DATE



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**EXPERIENCE ASSESSMENT FORM FOR LICENSED DIETITIANS
AND DIETETIC TECHNICIANS**

Maine State Law Title 32 §9907-C requires that Maine Licensed Dietitians and Dietetic Technicians submit to the Board evidence of having successfully completed the work experience requirements. Therefore, as the dietitian who observed, assessed and verified the experience requirement for the applicant named below, please complete the following form. This information will be used by the Board to determine if the applicant's experience meets the requirements for licensure.

Applicant: _____ ☐ Dietitian ☐ Dietetic Technician
Please type or print

Supervising Dietitian's Name: _____

American Dietetic Association Registration Number or state name and license number: _____

Place of employment and position held when supervising applicant: _____

Current position, address and telephone number: _____

Date of supervision: Starting Date _____ Ending Date _____

Total number of hours of planned experience: _____

List measurable objectives for the applicant's planned work experience:

Outline the applicant's planned work experience with time allotment specified for each activity:

Describe how applicant was assessed and rate applicant's
performance: _____



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REFERENCE FORM

Name of applicant for licensing: _____
Please type or print clearly

In what professional capacity do you know the applicant? _____

How long have you known the applicant? _____

Are you related to the applicant? _____ If so, how? _____

Please give a brief statement of your knowledge of the applicant's adherence to established ethical professional standards.

Date: _____ Signed: _____

Printed name and title of reference: _____

Mailing address: _____

Telephone number during work hours: (____) _____



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PLEASE COMPLETE THIS FORM AND RETURN TO THE ABOVE ADDRESS

VERIFICATION OF LICENSURE

INSTRUCTIONS: **The applicant** listed below is applying for licensure to practice as a Dietitian/Dietetic Technician in the State of Maine. The Maine Board of Licensing of Dietetic Practice requests written verification from each State the applicant holds or has held any certification, licensure or other credential. This is your authority to release any information in your files, favorable or otherwise. Please mail this verification directly to the Maine Board of Licensing of Dietetic Practice at the above address.

1. **This section to be completed by the applicant and forwarded to the Board that issued current licensure. Any associated fees are the responsibility of the applicant.**

Name of Applicant			
Mailing Address		City	State
Zip Code			
License Number	State	Date of Issue	
Date	Signature of Applicant		



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2. This section to be completed by the state licensing board where the applicant holds or has held licensure.

Type of license held by applicant: ☐ Dietitian ☐ Dietetic Technician

License #: _____ Original License Date: _____ Expiration Date: _____

Is the applicant currently licensed? ☐ Yes ☐ No If not currently licensed, when did license expire? _____

Are there any pending complaints against this licensee? ☐ YES ☐ NO

If yes, please explain: _____

Has there been any other action taken against this licensee? ☐ YES ☐ NO

If yes, please explain: _____

Is the licensee considered a Dietitian/Dietetic Technician in good standing in your state? ☐ YES ☐ NO

If no, please explain below. _____

SIGNED: _____

PRINTED NAME & TITLE: _____

Board Seal

STATE: _____ PHONE # (____) _____

DATE: _____

NOTE: If verification of licensure is needed for more than one state, please copy this form as needed.



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AUTHORIZATION OF CREDIT CARD PAYMENT

Fees owed to this Department may be paid by the use of a credit card. If you wish to pay your fee(s) with your credit card, please complete this form and send it with your application. Payment through credit cards will not be processed without this authorization form.

Name: (applicant fees being paid for)		
Mailing Address: (applicant fees being paid for)		
City:	State:	Zip Code:
County:		Telephone #: (____) _____ - _____
Name of cardholder: (if other than applicant)		
Mailing Address: (if other than applicant)		
City:	State:	Zip Code:

I authorize the State of Maine, Department of Professional and Financial Regulation, Office of Licensing and Registration to charge my:

☐ Visa ☐ MasterCard _____ **Card number**

Expiration date: ____/____/____ **in the amount of: \$** _____

Signature: _____ **Date:** ____/____/____



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